

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/585592

7-10-06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	1					
18	1					
19	1					
20	8					
21	1					
22	1					
23	1					
24	1					
25	3					
26	3					
27	0					
28	0					
29	0					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0					
37	0					
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	53					
TOTAL CLAIMS	57					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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